



Mumps

County _____

LHJ Use ID _____

☐ Reported to DOH

Date ____/____/____

LHJ Classification

☐ Confirmed

☐ Suspect

☐ Probable

By: ☐ Lab ☐ Clinical

☐ Epi Link: _____

☐ Outbreak-related

LHJ Cluster# _____

LHJ Cluster Name: _____

DOH Outbreak # _____

REPORT SOURCE

LHJ notification date ____/____/____

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation start date: ____/____/____

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____

Address _____ ☐ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name _____

Zip code (school or occupation): _____ Phone _____

Occupation/grade _____

Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age ____

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino ☐ Unk

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other ☐ Unk

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived

Diagnosis date: ____/____/____

Illness duration: ____ days

Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ **Swollen salivary glands (parotitis)**

☐ ☐ ☐ ☐ Fever Highest measured temp: ____ °F

Type: ☐ Oral ☐ Rectal ☐ Other: ____ ☐ Unk

☐ ☐ ☐ ☐ Seizures new with disease

☐ ☐ ☐ ☐ Hearing loss resulting from current illness

Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ Parotitis Onset date: ____/____/____

☐ ☐ ☐ ☐ **Parotitis lasting 2 days or more**

☐ ☐ ☐ ☐ Encephalitis or encephalomyelitis

☐ ☐ ☐ ☐ Meningitis

☐ ☐ ☐ ☐ Acute pancreatitis

☐ ☐ ☐ ☐ Orchitis

☐ ☐ ☐ ☐ Mastitis

☐ ☐ ☐ ☐ Complications

Specify: _____

Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ Died from illness Death date ____/____/____

☐ ☐ ☐ ☐ Autopsy Place of death _____

Vaccination

Y N DK NA

☐ ☐ ☐ ☐ Ever received mumps containing vaccine

Dose 1 Type: _____ Date received: ____/____/____

Dose 2 Type: _____ Date received: ____/____/____

Dose 3 Type: _____ Date received: ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ Vaccine up to date for mumps

Number doses on or after first birthday: ____

Vaccine series not up to date reason:

☐ Religious exemption

☐ Medical contraindication

☐ Philosophical exemption

☐ Previous infection confirmed by laboratory

☐ Previous infection confirmed by physician

☐ Parental refusal

☐ Other: _____

☐ Unk

☐ ☐ ☐ ☐ Primary vaccine series complete

Laboratory

Collection date ____/____/____

Source _____

P = Positive O = Other
N = Negative NT = Not Tested
I = Indeterminate

P N I O NT

☐ ☐ ☐ ☐ ☐ Mumps PCR

☐ ☐ ☐ ☐ ☐ Mumps virus culture (clinical specimen)

☐ ☐ ☐ ☐ ☐ Mumps IgM First specimen date ____/____/____

☐ ☐ ☐ ☐ ☐ Mumps IgG First specimen date ____/____/____

☐ ☐ ☐ ☐ ☐ Mumps IgM Second specimen date ____/____/____

☐ ☐ ☐ ☐ ☐ Mumps IgG Second specimen date ____/____/____

☐ ☐ ☐ ☐ ☐ Mumps IgG with significant rise (acute and convalescent serum pair)

INFECTION TIMELINE

Enter onset date (first symptom) in heavy box. Count forward and backward to figure probable exposure and contagious periods

Days from onset:

Exposure period

-25 -12

3 days prior to

onset
parotitis**Contagious period**

and 5 days after onset of parotitis

Calendar dates:

EXPOSURE (Refer to dates above)

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Destinations/Dates: _____

- ☐ ☐ ☐ ☐ Does the case know anyone else with similar symptoms or illness
- ☐ ☐ ☐ ☐ Contact with confirmed or probable case
- ☐ ☐ ☐ ☐ Contact with recent foreign arrival
Specify country: _____
- ☐ ☐ ☐ ☐ Foreign arrival (e.g. immigrant, refugee, adoptee, visitor) Specify country: _____

Y N DK NA

☐ ☐ ☐ ☐ Congregate living
☐ Barracks ☐ Corrections ☐ Long term care
☐ Dormitory ☐ Boarding school ☐ Camp
☐ Shelter ☐ Other: _____

☐ ☐ ☐ ☐ Exposure setting identified:
☐ Child care ☐ School ☐ Doctor's office
☐ Hospital ward ☐ Hospital ER
☐ Hospital outpatient clinic ☐ Home
☐ College ☐ Work ☐ Military
☐ Correction facility ☐ Church
☐ International travel
☐ Other, specify: _____ ☐ Unknown

☐ ☐ ☐ ☐ Epidemiologic link to a confirmed or probable case

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

Exposure details: _____

☐ No risk factors or exposures could be identified

☐ Patient could not be interviewed

PUBLIC HEALTH ISSUES

Y N DK NA

- ☐ ☐ ☐ ☐ Attends child care or preschool
- ☐ ☐ ☐ ☐ Employed in child care or preschool
- ☐ ☐ ☐ ☐ Do any household members work at or attend child care or preschool
- ☐ ☐ ☐ ☐ Documented transmission from this case
☐ Child care ☐ School ☐ Doctor's office
☐ Hospital ward ☐ Hospital ER
☐ Hospital outpatient clinic ☐ Home
☐ College ☐ Work ☐ Military
☐ Correction facility ☐ Church
☐ International travel ☐ Other: _____ ☐ Unk

PUBLIC HEALTH ACTIONS

- ☐ Exclude exposed susceptibles from work/school for incubation period

NOTES

Investigator _____ **Phone/email:** _____ **Investigation complete date** ____/____/____

Local health jurisdiction _____ **Record complete date** ____/____/____